U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 37/9	2. Fiscal Year Covered From:				
teacher of freehenshammi	2. Fiscal Year Covered From: 12 134 / 1004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name George F. Wolfe	Name I B EW Local 569 Labor Organization File Number 034-254 P.O. Box, Building and Room Number, if any				
V					
P.O. Box, Bidg., Room No., if any					
Street 158 Mar VISTA Or	Street 4545 Viewsidge Ave #100				
City UISTA	City Saw Diejo				
State CA ZIP Code + 4 92083	[Y				
5. Position in labor organization.					
The state of the s					
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name	A CONTRACTOR OF THE PROPERTY O				
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any	7.b. Amount.				
	7.b. Amount.				
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
P.O. Box, Bidg., Room No., if any Street	7.b. Amount.				
P.O. Box, Bidg., Room No., if any Street City	7.b. Amount.				
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pene	Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the				
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pens submitted in this report (including the information contained in any accordance)	Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the				

Name of Reporting Employer: San Diego Electrical Training Trust					Filé Number		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.b	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f	
9.a. Agreement Payment Both			9.c. Position In labor organization or with employer (if an Independent labor consultant, so state). BOARD WELLER				
Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.				
Name George Wolfe			Organization IBEN LOUIL 569				
P.O. Box, Building and Room Number, if any			P.O. Box, Building and Room Number, if any				
street 4545 VIEWRIDGE AVE \$100			Street 4645 VIEWRIDGE AVE #100				
City SAN DIEGO State CA	ZIP Code + 4	92123	City SNS DIEGO State CA ZIP Code + 4 92123				
Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.		10.b. The promise, agreement, or arrangement was: Coral					
11.a. Date of each payment or expenditure (mm/dd/yyyy).				of each payment or expenditure (Specify whether nent or loan, and whether in cash or property)			
06/11/2004	70	00	Graduation Dinner tickets for individual & guest				
	* * * * * * * * * * * * * * * * * * *	- -					
12. Explain fully the circumstances of all payme	nts, including the ter	ms of any oral agree	ment or understanding	pursuant to which the	y were made.		
Graduation tidets -	dinner co	st of indiv	idual tomas	d (if any)	to attend		
graduation		•		, 0			
•						:	
		•	•				
**************************************		÷					
Form LM-10 - Part B (2003)	· · · · · · · · · · · · · · · · · · ·				·····		